

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000001071

1. Entity Name
TAXPAYERS NETWORK INC.



Principal Place of Business
**721 CARDINAL LANE
SUITE #105
GREEN BAY, WI 54313 US**

Mailing Address
**721 CARDINAL LANE
SUITE #105
GREEN BAY, WI 54313 US**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1738262

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**U000000809449
02/08/08-80021-024 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAY, TIMOTHY L MR.
111 N WASHINGTON ST, STE 400
GREEN BAY, WI 54301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAFFENBEUL, JOEL MR.
8313 NORMAN CREEK TRAIL
BLOOMINGTON, WI 55437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXDR
MCGEE POLASKY, AMY MRS.
721 CARDINAL LANE SUITE #105
GREEN BAY, WI 54313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S&TR
ZEUSKE, CATHY S
721 CARDINAL LANE SUITE #105
GREEN BAY, WI 54313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-08 920. 434. 3100